

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09/787 300** FILING DATE
APPLICANT(S)

4/5/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			6			
TOTAL DEP.			33			
TOTAL CLAIMS			39			

	4/5/05					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.	6					
TOTAL DEP.	35					
TOTAL CLAIMS	41					